

**TRAVEL EXPENSE CLAIM**

STD. 262 (REV. 9/2007)

**See Instructions and \*Privacy  
Statement On Reverse Side**

Page \_\_\_\_\_ of \_\_\_\_\_ Pages

CLAIMANT'S NAME <b>Joan M. Borucki</b>			SSN or EMPLOYEE NUMBER*			DEPARTMENT <b>California State Lottery</b>		
POSITION <b>Director</b>		CB/ID No. <b>E99</b>	DIVISION or BUREAU <b>Executive</b>				INDEX NUMBER <b>1100</b>	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS <b>600 North 10th Street</b>				TELEPHONE NUMBER <b>(916) 323-0403</b>	
CITY	STATE	ZIP CODE	CITY		STATE	ZIP CODE		
			<b>Sacramento</b>		<b>CA</b>	<b>95811</b>		

(1) NORMAL WORK HOURS

**0800-1700**

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED

**0.500**

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
03/02	1500	Sacramento - Fresno	94.16			18.00			pc		177.00	88.50		200.66
03/03	1700	Fresno - Sacramento		6.00	10.00		6.00		pc		177.00	88.50		110.50
												-0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			94.16	6.00	10.00	18.00	6.00	0.00		0.00	354.00	177.00	0.00	311.16
COLUMN CODE (ACCTG. USE ONLY)														

**CLAIM TOTAL****\$311.16**

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Meeting with Commissioner Mims

**AGENCY ACCOUNTING OFFICE  
USE ONLY**

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE